



Montgomery County Office of Consumer Protection

100 Maryland Avenue, Suite 330

Rockville, Maryland 20850

OCP.Licensing@montgomerycountymd.gov

www.montgomerycountymd.gov/consumer

T: 240.777.3636



Application for Secondhand Personal Property Dealers License

INSTRUCTIONS: Mail completed application and check or money order in the amount of \$50.00 payable to "Montgomery County, Maryland" to the address listed above. Only complete applications will be accepted.

NOTICE: False statements to any of the following questions may constitute perjury. Perjury, fraudulent behavior or any violation of the conditions for the issuance of this license will result in refusal of license, or if granted, in revocation or suspension of same. Violations of the licensing provisions may result in criminal penalties. If this is a corporation, the President must be the Applicant.

Current License No.

APPLICANT INFORMATION: (Partnerships must submit the [partnership addendum](#).)

NEW

RENEWAL

Name:

Salutation First Name MI Last Name

Home Address:

Street Address Unit #

City State Zipcode

Telephone:

Alternate Telephone:

Facsimile:

E-mail Address:

Required

Drivers License:

License Number Issuing State

BACKGROUND INFORMATION:

In the past seven (7) years, have you been convicted of a felony or any misdemeanor involving theft? Yes (State the nature of the offense below.) No

Please indicate the locality where the conviction(s) occurred and the date(s):

Specify the penalty

or punishment:

Has a license issued to you as a secondhand personal property dealer or pawnbroker ever been suspended or revoked in this or any other jurisdiction? Yes (Explain below.) No

BUSINESS INFORMATION:

Federal Tax ID:	Business Type:			Corporation	LLC	Limited Partnership
				Partnership	Sole Proprietor	
Business Name:	<hr/>					
Trade Name:	<hr/>					
Business Location:	<hr/>					
	Street Address					
	<hr/>					
	City		State		Zip Code	
	<hr/>					
Business Mailing	<hr/>					
Address (if different):	Street Address					
	<hr/>					
	City		State		Zip Code	
	<hr/>					
Telephone:	<hr/>			Facsimile:		
Business E-mail:	<hr/>					

Name and address of owner/leasing agent of premises from which your business will be conducted:

AGREEMENT:

I hereby authorize the Montgomery County Department of Police or any other police department with jurisdiction to inspect the books, records, inventory and premises of the business during normal business hours, as authorized by regulation.

I agree to pay for the purchase of secondhand personal property by check, as required by regulation.

I hereby certify that I am aware of the conditions, requirements, and penalties set forth in [Chapter 44A of the Montgomery County Code](#).

I do solemnly declare and affirm under the penalties of perjury, that the contents of this application are true and correct.

Signature of Applicant

Date

Print, sign and return form to:
Office of Consumer Protection
Licensing & Registration Unit
100 Maryland Avenue, Suite 330
Rockville, MD 20850

Remember to include the license fee of \$50.00 payable by check or money order to « Montgomery County, Maryland. »

Only complete applications will be processed.

Updated 06/2012